NATIONAL BUILDING RESEARCH ORGANISATION MINISTRY OF IRRIGATION AND WATER RESOURCES & DISASTER MANAGEMENT

APPLICATION FORM FOR PRACTICAL/TRAINING PROGRAMME ON TESTING OF CEMENT, CONCRETE, AGGREGATES AND SOIL

1. PERSONAL DETAILS								
Mr.□ Miss.□	Mrs. □							
Name In Full:								
Date of Birth:		Age:		Marital Status: □ Single			ngle	□ Married
Nationality		National Identity Card/Passport No. :						
Nationality: Permanent Address :		Office Address:						
Termanent Address.		Office Address .						
Contact Details		Mobile N						
	Telephone (Home)							
	Telephone (Office)							
		E-mail						
	AL QUALIFICATIO	<u>ONS</u>						
	ol Education (A/L) ool Attended	Cubinata		Cus	ام المام	1	Year	
SCII	Subjects		Grade Obtained i.			rear		
				ii.				
				iii.				
		in.						
b) Undergrad	nloma cou	rses	11			l .		
From	To		tion Attended		Course	Class	/Rank	Year
Month/Year	Month/Year							

3. WORK EXPERIENCE								
a) Previous work experience								
Name of the	From	To	Position					
organization	Month/Year	Month/Year						
		+						
b) Current Oc	cupation Details		I					
Name of the								
organization		Toomon will involve of work						
4. English Lang	uage Proficiency							
□ Excellent	□ Medium	□ Average □	Poor					
□ Excellent □ Medium □ Average □ Poor								
5. Preferred Lan	nguage to be used dur	ring programme						
□ Sinhala	□ English	□ Tamil						
6. Reasons for participation for the training programme								
	_							
5. Affirmation								
	bove mentioned partic	ulars are true and accura	te to the best of my knowledge. Any false					
I declare that above mentioned particulars are true and accurate to the best of my knowledge. Any false or inaccurate information will render this application to be discarded.								
		• •						
Date :			Signature:					